the tumour consisted of a dilatation and thinning of the ophthalmic vein. On following out carefully the course of the vein, it was found to constitute the projections which had been observed on the upper eyelid. The vessel was as large as the little finger; its walls were so thin, that they might be compared to a serous sac opening into the cavernous sinus, which was itself three times as large on the right as on the left side. The vein in passing through the orbit followed a winding course; and the infraorbital vein, at its point of entry, was itself dilated. The nasal and facial veins were also dilated and thinned near the inner angle of the eye. The right cavernous sinus was much dilated, and communicated freely with the varicose ophthalmic vein; but posteriorly it ended in a *cul-de-sac*, instead of communicating with the inferior petrosal sinus.

For the pulsations observed in the tumours during life, M. Aubry suggests two possible causes. 1. The pulsation was due to the beating of the carotid artery in the dilated cavernous sinus and the transmission of the impulse to the blood in the vein. M. Bérard, being at the time at Rennes, was, on examining the vessels, inclined to this explanation. Or, 2, in consequence of the vascular development in the cranial walls, the capillaries being dilated, established so free a communication between the arteries and veins, that the action of the heart on the venous blood was more than usually perceptible. M. Aubry prefers this latter explanation, because, while throwing water through the vessels with a syringe previously to injecting them, he observed the tumour to become filled, and was able to reproduce in this way the pulsations and the *souffle* which had been observed during life. It was evident, he thinks, that the beating, distension, and souffle which accompanied the injection of water by the syringe were due to this fluid reaching the vein, exactly in the same way as during life the same phenomena depended on the entrance into the vessel of blood forcibly impelled by the heart through the capillaries.—*British Med. Journal,* June 4, 1864, from *Gaz. des Hôpitaux,* 12 April, 1864.

48. *Amaurosis cured by Subcutaneous Injection of a Solution of Sulphate of Strychnia.*—The Berlin correspondent of the *Med. Times and Gaz.* (Jan. 21, 1865), cites the following examples of this: M. FRÉMINEAU has cured a case of amaurosis in a boy 15 years of age, who was, on the third day of a severe typhoid fever, with predominant cerebral symptoms, affected by weakness of the left eye, which, after five days, passed into complete amaurosis. Within a fortnight he was convalescent, but the amaurosis persisted. He was not able to distinguish between light and shade, the pupil was very much dilated, and was not acted upon by light; but the ophthalmoscopic examination did not show anything abnormal. The right eye was quite healthy, and there were no symptoms of cerebral disturbance. After two months the general health was quite re-established, but the sight remained lost. M. Frémineau then made an injection of a solution of 20 centigrammes (3 grains) of sulphate of strychnia in 20 grammes (about 5 drachms) of water on the left half of the forehead, along the course of the frontal nerve. The first time he injected four drops, then twelve, then twenty, and twice thirty drops. After the second operation the patient began to see objects, but they appeared to him so small and distant as if seen through an inverted opera-glass. At the same time there was double vision. These anomalies disappeared after the third and fourth injection, and after the fifth vision was as perfect in the left eye as in the right, the iris having regained its contractility, and the left pupil being of quite the same size and condition as the right.

Another somewhat analogous case occurred under the care of Dr. SÆMANN, of Königsberg. The patient, although being 80 years of age, was in good general health, with the only exception of profuse bleeding of the nose, of which he occasionally suffered, and for which a local application of the liquor ferri sesquichloridi was resorted to. One evening having been quite well for some time before, he suddenly became totally blind; he could neither perceive objects nor distinguish between lights and shade. There were no other morbid symptoms, neither headache, nor febrile excitement, nor paralysis. A venesection of eight ounces was ordered, together with application of ice to the forehead and the eyes, and atropia was applied to the eyes in order to facilitate the ophthalmoscopic examination. A purgative of senna and sulphate of soda was also given, and perfect quiet enjoined. The pupils dilated very little, in spite of four successive applications of atropia. The examination by the ophthalmoscope did not show anything abnormal; the optic nerve appeared to be in good condition, and there was not a trace of extravasation or effusion within the eye. Six leeches were applied to the forehead the next day, but produced as little effect as all the other remedial measures which had previously been resorted to. A week after the commencement of the affection Dr. Saemann injected twelve drops of a solution of a grain of nitrate of strychnia in an ounce of water (equal to one-fortieth of a grain), in the region of the left supraorbital nerve. Scarcely two minutes had elapsed when the patient exclaimed,—"Good God! I suddenly see much clearer, I see the church steeple, the trees, I see the leaves moving." The patient was, in fact, able to distinguish large objects with the right eye as well as the left, but no small objects. Vision remained in this condition until the evening of the same day, but was again much worse on the following morning, so that the patient could only very faintly distinguish the outlines of large objects. Another injection of one-thirtieth of a grain of the nitrate of strychnia was then made, which had the same almost immediate effect as the former. The injections were now repeated six times successively, the whole quantity of strychnia injected amounting to two-thirds of a grain. At the end of the treatment, the patient could read his newspaper and play a game of cards.

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49. *Iridectomy in Glaucoma.*—Prof. QUAGLINO, of Pavia, at the end of an excellent account of our present knowledge concerning glaucoma, expresses the following opinions upon its curative treatment by iridectomy: 1. Glaucoma, arthritic amaurosis, and arthritic ophthalmia of the older ophthalmologists, are dependent upon one and the same identical morbid process, which only varies by the length or acuteness of its course. 2. The pathological condition which induces chronic and acute glaucoma is choroiditis, with increased secretion of the vitreous humour, and consequent distension of the retina and papilla of the optic nerve, associated with an extraordinary rigidity and hardness of the sclerotica, proper to the senile condition, or induced by an atheromatous and arthritic process at a less advanced age. 3. In acute glaucoma not only is the choroid implicated by the morbid process, but this also extends to the retina, the hyaloid, and the internal membranes, while in chronic glaucoma the choroid is alone in question. 4. The functional phenomena which precede and accompany the development and course of glaucomatous amaurosis are a consequence of the compression which the nervous elements of the retina and the optic nerve undergo, and of their progressive atrophic degeneration. 5. The most prompt and certain means which art possesses for arresting the progress of this disease, and restoring the equilibrium in the pressure of the vitreous humour and the lateral pressure of the vessels of the retina, is iridectomy, the excision of an extensive portion of the iris. 6. Iridectomy may be resorted to with advantage even in cases in which there are evident physical signs of atrophy of the papillæ with excavation, lateral limitation of the field of vision or amblyopia, providing there exists extraordinary hardness of the globe of the eye. In such cases iridectomy at least removes one of the morbid elements (internal pressure) which favours atrophy of the papillæ, and thus frequently arrests the amaurosis. 7. Iridectomy possesses no advantage in very inveterate glaucoma, when the papilla and the vessels have been for a long time atrophied; in cases in which an optic neuritis inducing atrophy of the papillæ has preceded the glaucoma, or when glaucoma is complicated with serious affections of the cerebral optic centres. 8. Iridectomy is of service in cases of obstinate ciliary neuralgia, even when amaurosis has become complete, providing that it depends solely upon compression of the ciliary nerves.—*Brit. and For. Med.-Chir. Rev.*, Jan. 1865, from *Annali di Méd.*, Oct.

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50. *Cancroid of the Cornea.*—Mr. J. Z. LAURENCE exhibited to the Pathological Society of London (Jan. 17, 1865) a man 27 years of age, whose eye presented the following appearances when Mr. Laurence first saw him in April, 1863: Occupying nearly the whole outer half of the cornea was a soft, vascular, conical growth measuring about 4‴ transversely, about 3‴ from above down-